

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/	/		
2	/		/	/		
3	2		/	/		
4	2		/	/		
5			/	/		
6	1		/			
7	1		/	/		
8	1		/	/		
9	1		/	/		
10	1		/			
11	1		/	/		
12	1		/	/		
13	1		/			
14	1		/			
15	1		/			
16	1		/			
17	1		/			
18	2		/			
19	1		/			
20	1		/			
21	1		/			
22	1		/			
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49						
50						
TOTAL IND.	1		2			
TOTAL DEP.	39	←	34	←		
TOTAL CLAIMS	40		36			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						